DEPARTMENT OF COMMUNITY HEALTH
POLICIES AND PROCEDURES

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| Manual | Emergency Medical Services<br>Administrative Policies and Procedures | Policy<br>Number 811<br><br>Page 1 of 21 |
| Subject | Prehospital Care Report | |
| References | Title 22, Division 9, Chapter 4 of the<br>California Code of Regulations | Effective<br>01/01/82 |

I. POLICY

A. Prehospital care reports shall be filled out completely, accurately, and legibly.

B. A prehospital care report shall be completed for every dispatch for medical assistance.

II. PROCEDURE

A. Initiation of Prehospital Care Report

1. A prehospital care report (PCR) will be initiated for each dispatch for medical assistance. If a patient is located by an arriving unit, a PCR will be completed with all applicable patient and response information. Only one PCR (for each patient) needs to be completed at the incident scene, however, the response information for <u>each</u> on-scene unit should be included on the report. If a call is cancelled, a PCR shall be completed with applicable response and cancellation information, whether the call was cancelled enroute or on the scene.

2. If the patient refuses assessment, initiate a PCR and fill out whatever is possible, including which part of the assessment was refused. Refer to EMS Policies #546 and #814.

3. Mental status is mandatory in all cases.

4. Vital signs shall be documented on the PCR for every patient.

5. In a multi-casualty incident (MCI), every person who has signs and/or symptoms or complaint of illness or injury shall have a patient assessment and a Triage Tag. A PCR will be completed on every patient. For RAS/AMA patients, refer to EMS Policies #546 and #814.

| | |
|---|---|
| Approved By<br>EMS Division Manager | Revision<br><br>01/01/2001 |
| EMS Medical Director | |

6. Any patient who walks into a station of an ambulance or fire department manned by EMS personnel and is assessed and/or provided treatment, shall receive a complete patient assessment and shall be reported on a PCR. (The only exception to this is patients who fit into specific EMS Agency approved programs, i.e., blood pressure testing programs. In those cases, the EMT must follow the appropriate EMS policies related to this program.)

7. The PCR shall be utilized to document the circumstances related to a deceased patient (no resuscitation attempt). Documentation shall minimally include the following:

   a. All times of arriving units.

   b. Circumstances under which the victim was found and by whom.

   c. Historical or physical findings which prompted no resuscitation efforts.

   d. The patient's past medical history (if available), including any recent complaints which may be related to the death.

   e. The agency to whom the victim was turned over.

   The original section of the form (top, white copy) shall remain with the patient for the Coroner or patient's family if no Coroner is responding.

B. Responsibility for Form Completion

1. Responses where the patient is transported.

   a. The PCR will be initiated by the first arriving unit.

   b. The first responder retains the blue copy of the PCR after, if applicable, signing over care to the transport unit. If both BLS and ALS first responders are at the scene, the blue copy is retained by the ALS first responder. The transport unit retains all other copies. Upon arrival at the hospital, the PCR is completed.

   c. The individual who turns over patient care to the hospital staff is responsible for completing the PCR.

2. Responses where the patient is not transported.

   a. If a patient is located, the findings of the assessment should be documented. Release-At-Scene (RAS)/Against-Medical-Advice (AMA) situations shall be managed according to EMS Policy #546 and documented consistent with EMS Policy #814.

   b. If a transport unit is on scene, the first responder unit will retain the blue copy and the transport unit will forward the remaining PCR copies to their agency liaison.

      If a transport unit is not on scene, the first responder will forward all copies of the PCR to their agency liaison.

3. Responses where call is cancelled.

   a. A PCR shall be completed for every cancelled call by the responding unit. This includes units involved in a rendezvous, whose prehospital personnel must initiate a PCR to document their call as "cancelled" when their involvement in patient care is terminated. All copies of the PCR shall be forwarded to the agency's liaison.

C. Form Distribution

1. The top white copy is the original medical record and shall remain at the hospital as part of the patient's record. If the patient is not transported, the top white copy shall be given to the patient or patient guardian. If the patient is deceased, this copy shall be given to the Coroner or left with the patient's family if there is no Coroner response.

2. The second copy (white) is the ambulance agency's copy for maintaining a record of the call.

3. The reverse of the pink copy includes the patient outcome report form. Leave this copy at the destination emergency department.

   DO NOT place the pink copy with the patient's chart; instead, locate the emergency department's file for patient outcome reports.

4. The blue copy is for the first responder agency (ALS or BLS).

5. The final hard copy will be submitted to the Fresno/Kings/Madera EMS Agency. The provider agency which has completed the form shall batch the EMS Agency copies by date and time and shall submit them each week.

D. Form Retention

1. The top white copy is a medical record and should be retained with the patient's hospital records.

2. Provider agency copies shall be maintained for a minimum of four (4) years.

E. Instructions for Completion of the PCR (front portion) - The following instructions constitute the minimum information which shall be included on the PCR (see attached samples). The form should be completed in black ink with a hard point pen. If changes are made to written documentation, strike out the text by drawing a single line through the text, and record the time, date and initial the strikeout. If possible, avoid adding additional information to the PCR once the top white copy has been removed for the patient's chart.

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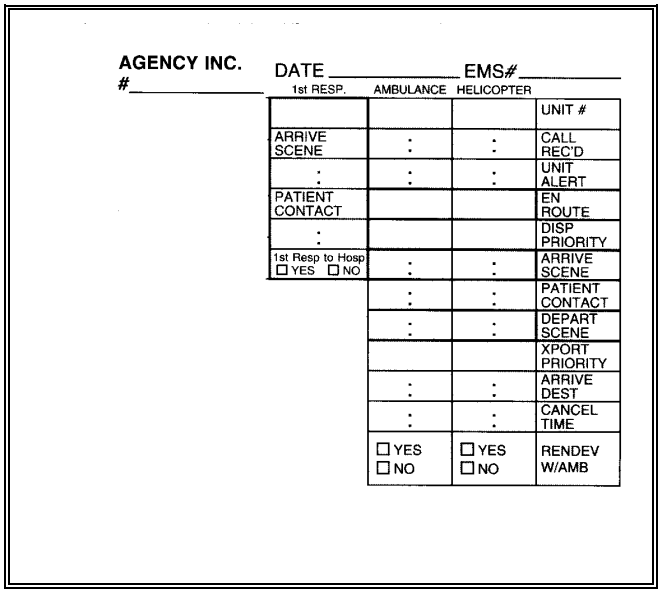
1. Response Information (Fig. 1)




(fig 1)

a. Date - The date shall be included on all reports.

b. EMS Dispatch Number - Enter the EMS dispatch number on this line assigned by the County designated EMS communications center.

(1) If the ambulance is cancelled prior to its arrival, the first responder unit may obtain the EMS dispatch number by having their dispatch center contact the County designated EMS communications center.

(2) If a first responder transport capable vehicle transports a patient, the unit should contact the County designated EMS communications center as it leaves the scene so that times can be recorded and an EMS dispatch number can be issued.

c. Agency Incident Number - This space is provided to document the transport agency's incident number. This is <u>not</u> a substitute for the EMS dispatch number.

d. Unit Information

(1) BLS (Public Safety First Aid) Unit Response
ALS Ambulance Response
Helicopter Response

Unit identification including the level of service, i.e., Fresno County units: E-11, E-33, B-501, A-112, or H-40; Kings County units: E-1, or A-623; Madera County units: E-12 or M-40.

If law enforcement is involved in patient care, note the agency involved under BLS unit - e.g., "E-2/F.P.D".

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(2) All response times related to the first responder, ambulance, and/or helicopter units shall be documented. No lines should be left blank, i.e., if some times are not applicable due to a non-transport or cancelled call, a line shall be drawn through the unused boxes. At the bottom of the first responder column, check the yes or no box to indicate if the first responder went to the hospital.

Patient Contact Time - Enter the time of which the first EMS person arrived at the patient's side. This time will be obtained from the EMS person's watch which should be synchronized with the Pac Bell (767-8900) clock at the start of their shift.

(3) Dispatch/Transport Priorities - Document the transport unit's priorities related to its response and patient transport.

(a) Dispatch priorities are as follows:

| | |
|---|---|
| Priority 1: | An immediate response with lights and siren (Code 3) for a presumed life-threatening condition. |
| Priority 2: | An immediate response with lights and siren (Code 3) for a presumed non-life-threatening condition. |
| Priority 3: | An immediate response without lights and siren (Code 2) for a presumed non-life-threatening, but emergent condition. |
| Priority 4: | A non-emergency response without lights and siren (Code 2) for a urgent interfacility ambulance transport. |

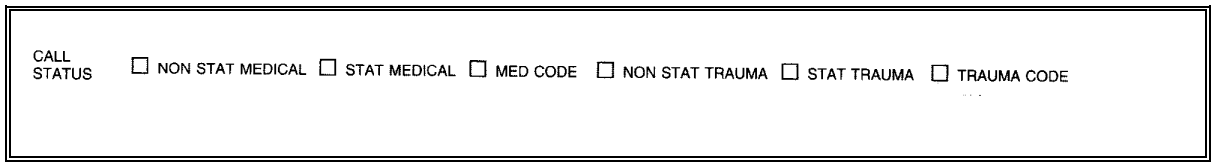
(b) Transport priorities are as follows:

| | |
|---|---|
| Priority 1: | Cardiac and/or Respiratory Arrest Patient (Code 3; lights/siren) |
| Priority 2: | STAT Patient (Code 3; lights/siren) |
| Priority 3: | Non-STAT Patient (Code 2; no lights/siren) |

(4) Rendezvous with ALS Ambulance or Helicopter

(a) If a rendezvous takes place check the appropriate box.

2. Call Status (Fig. 2)




(fig 2)

(a) Check the applicable box on call status.

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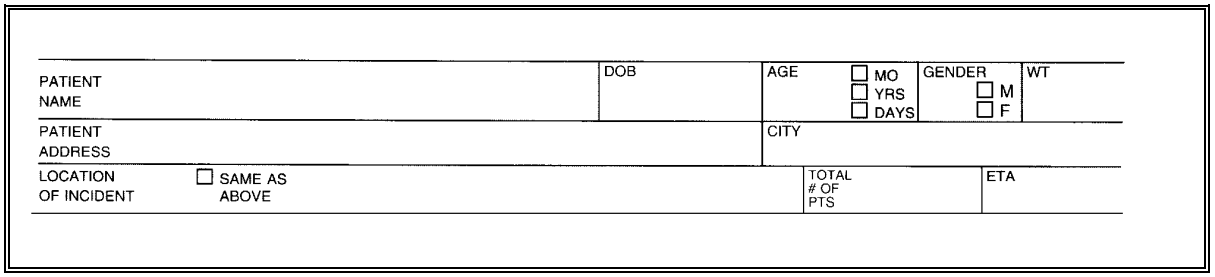
3. Patient Information/Patient Profile (Fig. 3)




(fig 3)

a. All available patient information shall be documented including name, address and date of birth. The address shall be the patient's home address, including the city. If not attainable, indicate by writing "unknown".

b. The patient's age shall be entered (approximate, if necessary). Check the appropriate box indicating the age is months or years.

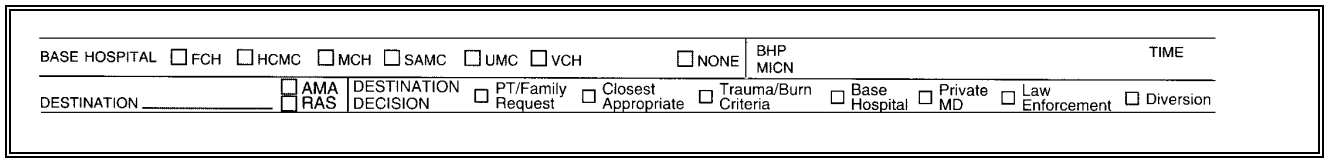
c. The appropriate information shall be entered in the boxes labeled "Gender", "WT".

d. The location of the incident shall be documented by address or by cross streets. If the location is the same as the patient's address, check the "same as above" box. The location shall be documented for cancelled calls.

e. The <u>total</u> number of patients involved in the incident shall be documented. This includes patients transported by other units or released at the scene.

f. Enter the estimated travel time from the patient's location to the hospital in the box marked "ETA".

4. Base Hospital/Destination (Fig. 4)




(fig 4)

a. Check the applicable box identifying the Base Hospital contacted. If no Base Hospital was contacted, check the box "none".

b. The name of the Base Hospital Physician <u>or</u> MICN at the Base Hospital (via voice communication) shall be entered. Document the time base contact was made.

c. The name of the hospital which received the patient shall be listed on the line stating "Destination". If the patient was Released-At-Scene or signed Against-Medical-Advice, check the appropriate box.

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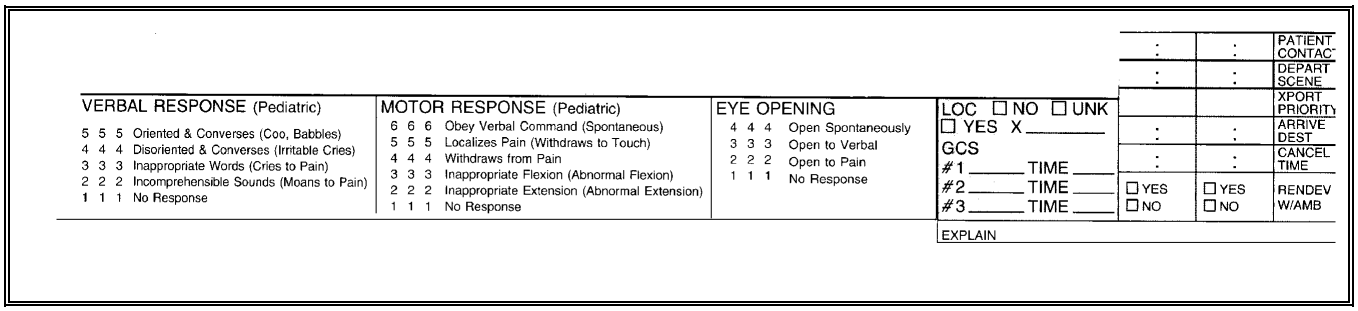
d. Destination Decision - Check the appropriate box which corresponds with the primary factor used for the determination of destination.

5. Mental Status (Fig.5)




(fig 5)

a. Check the appropriate descriptions of patient's status under “verbal response”, “motor response” and “eye opening” on all patients. Utilize the first column of numbers for the patient's initial mental status assessment.

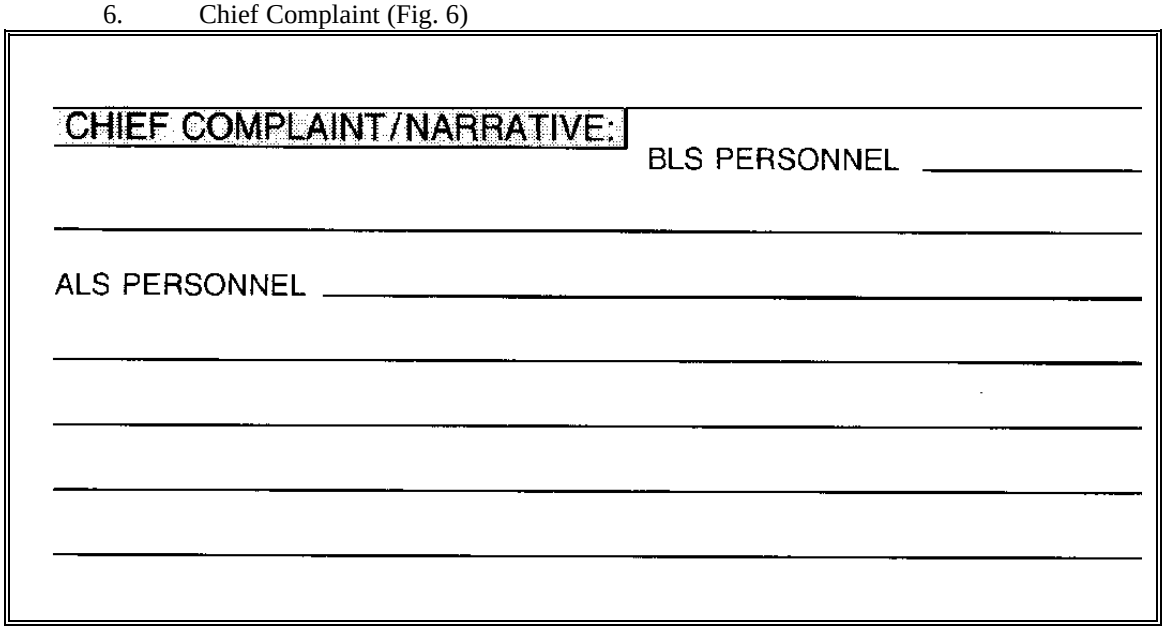
b. If the patient's mental status changes during the course of the call, utilize the second column of numbers for documenting verbal, motor and eye responses.

c. Document if there was any loss of consciousness (LOC) and the duration of the LOC. If it is unknown if there was any LOC, check the box “unk”.

d. Calculate the Glasgow Coma Score (GCS) for the initial mental status assessment and, if applicable, second and third mental status assessment. Note the time for each.

e. Describe any other factors related to the patient's mental status under ”explain”.

6. Chief Complaint (Fig. 6)




(fig 6)

a. The patient's chief complaint shall be entered. This may be a brief or relatively detailed entry depending upon the patient's problem. The chief complaint should be at least a one sentence description of the patient's major problem. Information on mechanism of injury may be included in this section. First responder BLS personnel shall enter their initial chief complaint under BLS and initial their documentation. The met tag number (California State Fire Chiefs' Association Triage Tag) shall be included in the documentation of each Prehospital Care Report (PCR).

NOTE: A single entry of MVA, fall, illness, etc. are not to be used solely as a patient's chief complaint. A chief complaint shall briefly describe the signs and symptoms related to the patient complaint (i.e., "pulseless, non-breathing", "gunshot wound to the chest", "abdominal pain and vomiting", etc.).

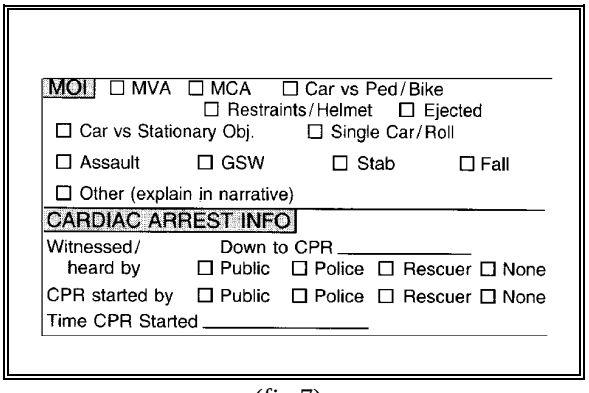
b. The "PQRST" or "PAST MED" mnemonics should be utilized for patients with complaints of chest pain/abdominal pain or respiratory distress respectively. These mnemonics are listed on the reverse of one of the copies of the PCR.

c. <u>This section shall also be utilized to document any unusual occurrences which caused a delay in response time, making patient contact, initiating care, or initiating transport.</u>

EXAMPLES: Fog; scene not secure (include length of time unit held back); patient located on 6th floor; extrication time of ___ minutes; patient located in field __ feet/yards from roadway; etc....

d. For cancelled calls, this section shall be utilized to identify the call as "Cancelled" and to document the reason for the cancellation (i.e., "Cancelled at scene - By law enforcement" or "Cancelled enroute - Closer unit sent").

7. Mechanism of Injury/Cardiac Arrest (Fig. 7)




(fig 7)

a. MOI (Mechanism of Injury) - Check the appropriate box selecting the mechanism of injury which resulted in the patient's condition. If no box corresponds to the injury, check "other" and write in the mechanism.

b. Cardiac Arrest Information - Check the appropriate box indicating who witnessed or heard the arrest and who started CPR. Enter the time CPR was started and document the down time to CPR in this area.

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8. Vital Signs - Vital signs shall be documented on the PCR for every patient. (Fig. 8)

| TIME | R | R Effort | Pulse OX | P | EKG | BP | CAP REFILL | PUPILS | SKIN | Bl Sugar | By |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | EFFORT<br>BR SOUNDS | | | | | | | COLOR<br>TEMP<br>MOIST | | |
| | | EFFORT<br>BR SOUNDS | | | | | | | COLOR<br>TEMP<br>MOIST | | |
| | | EFFORT<br>BR SOUNDS | | | | | | | COLOR<br>TEMP<br>MOIST | | |
| | | EFFORT<br>BR SOUNDS | | | | | | | COLOR<br>TEMP<br>MOIST | | |

(fig 8)

a. The time; respiratory rate, depth, regularity, effort, breath sounds, and pulse ox, if used on patient; pulse rate, strength, and regularity; blood pressure; capillary refill; pupil size and reaction; skin temperature, moisture and color; EKG rhythm; blood glucose; and the initials of the prehospital personnel who assessed the vital signs shall be recorded in the spaces provided.

b. Vital signs shall be repeated at least every thirty minutes (15 minutes or less on a STAT or serious patient), if not ordered sooner by the Base Hospital.

c. A hard copy of the EKG rhythm strip (6 second strip) shall be attached to the back of the top copy of the PCR.

9. Past Medical History (Fig. 9)

PMH ☐ Denied ☐ Unknown ☐ Cardiac (Unspecific) ☐ MI ☐ Psych
☐ CHF ☐ Angina ☐ COPD ☐ CVA ☐ Hypertension ☐ Diabetes ☐ GI
☐ Cancer ☐ Seizures _____

PVT M.D.

MEDS ☐ Denied ☐ Unknown

Allergies ☐ Denied ☐ Unknown

(fig 9)

a. Past Medical History - The patient's past medical history shall be recorded in this area. Check the appropriate box or write in the patient's past medical history. If the patient has no significant past medical history or if the information is not available, check the appropriate box (“Denied” or “Unknown”). Additionally, if known, document the patient's private physician's name in the lower portion of this area.

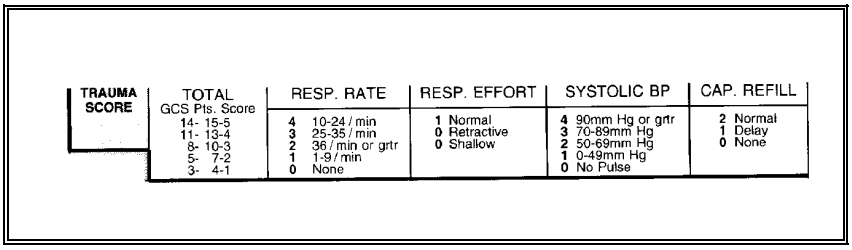
**NOTE:** Sections 199.20 and 199.21 of the California Health and Safety Code prohibits

the disclosure of HIV test results to any third party, except pursuant to a written authorization, in a manner which identifies the person to whom the test results apply. The results of HIV testing shall not be recorded on the PCR. A diagnosis of AIDS or ARC may be kept as part of the current medical record, documented on the patient's PCR, and may be reported during a call-in to the Base Hospital and/or during the turn-over of patient responsibility to another health care provider. Patient confidentiality shall be practiced when making verbal reports for all patients.

b. Medications - Medications that have been prescribed for the patient by a physician shall be documented in this area. If the patient states that they are taking no medication or if the information is not available, check the appropriate box ("Denied" or "Unknown"). Furthermore, to decrease the potential for losing medications, EMS personnel should document on the PCR that medications were taken to the hospital and properly turned over to hospital staff. If, for some reason, the patient refuses to allow medications to be taken to the hospital, document on the PCR that the patient refused.

c. Allergies - Allergies that the patient has to medications shall be documented in this area. If the patient states that they have no allergies to medications or if the information is not available, check the appropriate box ("Denied" or "Unknown").

10. Trauma Score (Fig. 10)

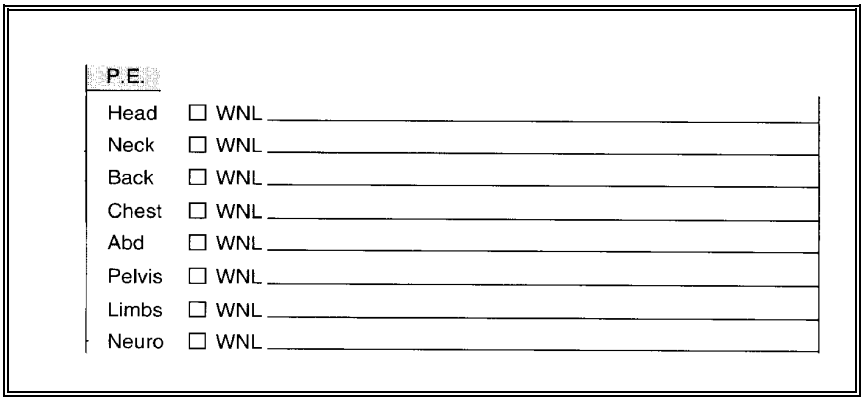



(fig 10)

a. TS (Trauma Score) - For all trauma patients, enter their initial calculated trauma score. Refer to EMS Policy #813 for instructions for calculating trauma scores.

Trauma Triage Destination Criteria is listed by county on the reverse of one of the copies of the PCR.

11. Physical Exam (Fig. 11)




(fig 11)

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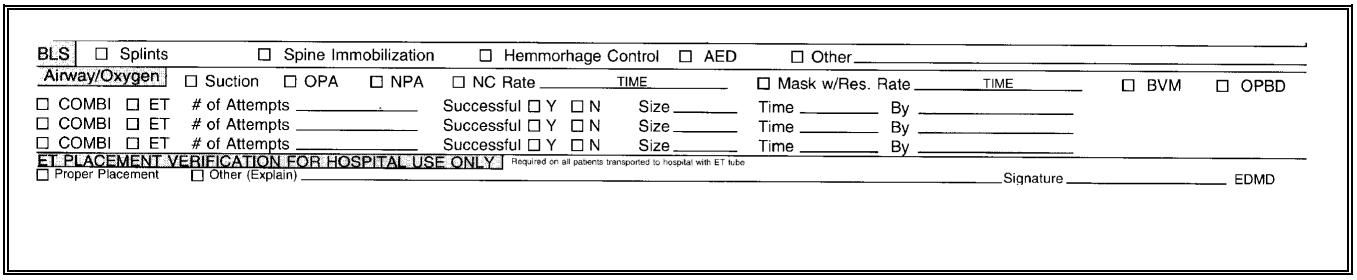
a. List both pertinent positive and negative physical findings on the appropriate lines. If the physical exam is found to be "within normal limits", check the appropriate box(es) indicating such. If no documentation is made in this area, it's assumed that no physical exam was performed.

12. Treatment




(fig 12)

a. BLS (Fig. 12)

(1) All "basic life support" care performed shall be documented in this area. This includes such care as spine immobilization (check box), splints, bandages, CPR (check box), etc. The time that basic life support care is initiated for each of these items shall also be documented following the specific procedure.

b. Airway/oxygen (Fig. 12)

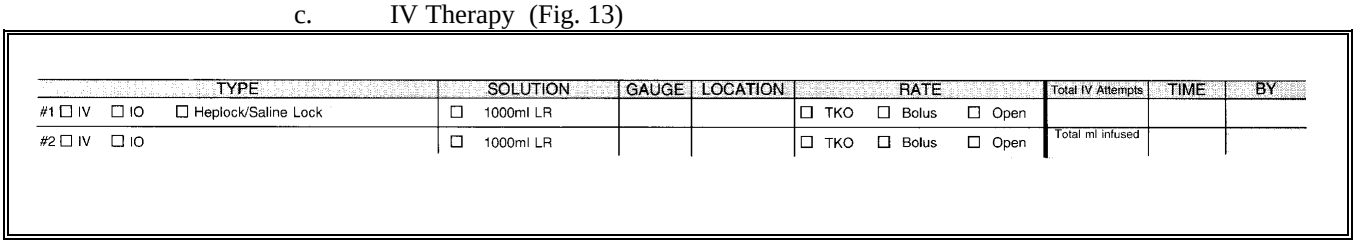
(1) Basic Airway - If the patient required an oral or nasal airway or if the patient required suctioning, document by checking the appropriate box(es), including the time the skill was initially performed.

(2) Document the liters per minute, route of administration [nasal cannula, mask, oxygen powered breathing device (OPBD), etc.], and time oxygen therapy was initiated.

(3) Advanced Airway - Document all advanced airway procedures (Combitube, ET, TTJI) attempted or successfully performed. Record the number of attempts and if the procedure was successfully performed, time the procedure was performed (last attempted or successful performed), and certification number(s) of the individual(s) who performed the procedure.

The receiving emergency department physician must sign the PCR on the EDMD line in order for the EMT-P to confirm a successful advanced airway procedure.

c. IV Therapy (Fig. 13)




(fig 13)

(1) Document the type of IV access initiated, the solution, gauge of needle, location of IV site, rate of infusion, the total number of attempts, the time the IV access was established, and the initials of the EMT-P who established the IV access.

Upon arrival at the hospital, document the total ml of IV fluid infused in the prehospital setting.

d. Other Treatment Procedures (Fig. 14)

| TIME | TMT/MEDICATION | RESPONSE | BY | TIME | TMT/MEDICATION | RESPONSE | BY |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

(fig 14)

(1) Document the time, the treatment/procedure administered and the response to the treatment/procedure. The individual who administered the treatment/ procedure shall initial on the same line under "by".

(2) This section may also be used by hospital or prehospital personnel to document procedure (IV, ET etc.) complications.

13. On Scene Personnel (Fig. 15)

| INITIALS | EMT NAME | CERT # | A/C/T/TO/TL/MS |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

(fig 15)

a. The names and certification numbers for the personnel involved in the call, including those cancelled, shall be documented on the PCR. Each individual should initial the form so that an example is available for identifying initials in the treatment sections. If there are more than 4 individuals (ALS/BLS) involved in patient care, all ALS personnel shall be documented.

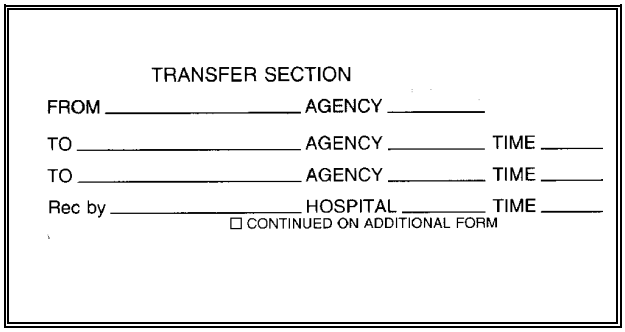
The A/C/TO/TL/MS column identifies the individual's primary responsibilities related to the patient. The following abbreviations are utilized:

"A" ssessment
"C" Call-In

"T" Treatment
"TO" Precepting EMT-P Interns or evaluating EMT-Ps
"TL" Team Leader (if the team leader designation changes during a call, due to a turnover of responsibility, the succeeding team leader shall record the number "2" after the letter "TL" The team leader who last signs the PCR is responsible for its completion).
"MS" Medical Supervisor providing medical operations coordination at the scene of a multi-casualty incident.

NOTE: In the case of a multi-casualty incident, the team leader shall be listed on the PCR in order to identify the individual who had primary responsibility for the care of the patient described on the PCR. The medical supervisor who provided medical coordination of the incident shall also be listed on the PCR.

14. Transfer Section (Fig. 16)




(fig 16)

a. This section documents the changes, should they occur, in patient care responsibilities between EMS personnel and the transfer of the patient to the receiving hospital. (Fig. 19)

b. There shall always be an entry in this section.

c. The initial responder has patient care responsibility and shall initiate a PCR. This individual is designated the "team leader" and shall coordinate the medical response of other EMS personnel on-scene. If the initial responder is BLS level, upon arrival of an ALS level responder, the team leader designation shall be turned over to the highest certified responder. Refer to EMS Policy #542.

d. The initial team leader shall sign on the first line.

e. If team leader designation changes during a call, the succeeding team leader shall sign and record the time of the change in designation on line below the previous team leader's signature.

f. The last team leader to sign the PCR ultimately has responsibility for filling out the PCR completely.

g. The receiving hospital shall sign on the last line as received by their hospital and the time received. This area shall also be used for turnover of responsibility to coroner/law enforcement for scenes with deceased victims.

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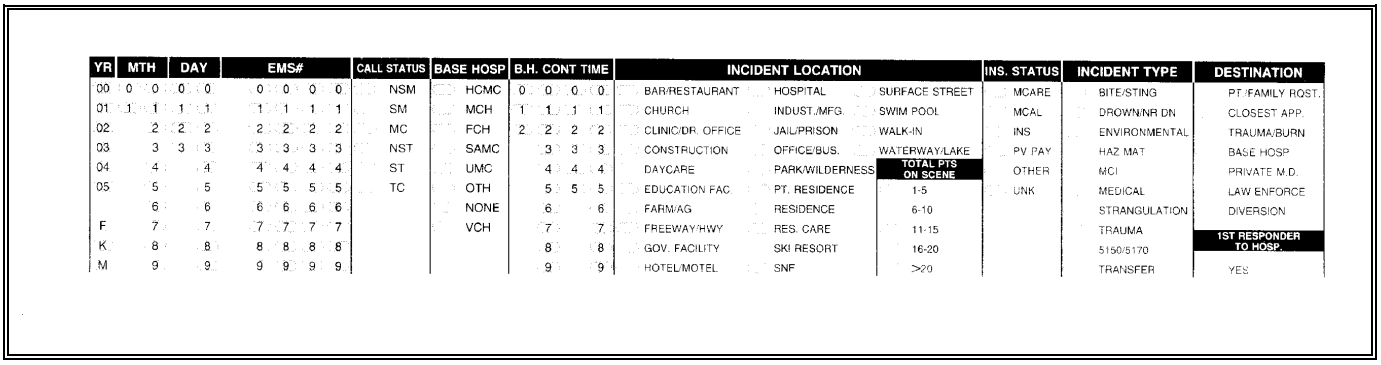
h. In the event more than one PCR is utilized for a patient, check the box (CONTINUED ON ADDITIONAL FORM) at the bottom of each PCR.

F. Patient Data Report (Scantron Form)

1. Instructions for Completion of Scantron Form (if applicable)

The reverse of the hard copy of the PCR is the data report/scantron form. This form must be filled out on all prehospital response calls, including non-transport responses and cancelled calls. This form will be completed after the call is completed. The hard copy of the PCR needs to be detached after the front of the PCR has been completed and before the scantron is filled out. A black felt tip pen or number 2 pencil is to be used to fill out this portion of the PCR. All appropriate areas must be completed before submitting the document. The scantron section should reflect documentation and times from the front portion of the PCR.

a. Section 1 (Fig. 17)




(fig 17)

(1) Date - Complete the year, month, and day (use two digits for the month and day). Example: July 1, 2000 is entered as 00 07 01. In the first column, enter either “F”, “K” or “M” for Fresno, Kings, or Madera County, respectively.

(2) EMS # - Enter the EMS number from the County designated EMS Communications Center.

(3) Call Status - Mark the correct call status. Example: Non-Stat Medical is entered as NSM. All calls, except cancelled calls, should have a call status.

(4) Base Hospital - Mark which Base Hospital was contacted. If contacted a Base not listed, mark “other” If Base contact was not made, mark “none”.

(5) Base Contact Time - Enter the 4-digit entry for military time for the time the paramedic contacted the Base Hospital.

(6) Incident Location - Mark the location of the patient.

(7) Total Patients On Scene - Mark the total patients involved in the incident. This includes patients transported by other units or released at scene.

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(8) Insurance Status - May have multiple entries. Mark the appropriate insurance status if known. Mark "unknown" if unable to determine.

(9) Incident Type - One entry only. Mark the type of incident, determined after the arrival of the prehospital personnel. If there are five or more patients on scene, mark "MCI".

(10) Destination - Mark the primary reason for the choice of destination.

(11) First Responder to Hospital - Mark "Yes" if any First Responder personnel accompany the transport unit to the hospital.

b. Section 2 (Fig. 18)

| RESPONSE OUTCOME | MECHANISM OF INJURY | | SAFETY DEVICES | PT. LOCATION | SUSPECTED MEDICAL ILLNESS | | | | | | P=PRIMARY | S=SECONDARY |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| AMA | ASSAULT | STABBING | AIRBAGS (DPLYD) | DRIVER | P S ABDOMINAL PAIN | P S DEHYDRATION | P S SEIZURE | | | | | |
| CANCELLED ENROUTE | BIKE VRS. MV | BLUNT TRAUMA OTHER | HELMET | FRONT | P S AIRWAY OBSTRUCT | P S DIABETIC | P S SHOCK | | | | | |
| DEAD ON SCENE | BURN(S) | PED VRS. MV | LAP BELT | REAR | P S ALTERED LOC | P S FEVER/FLU | P S SYNC NEAR | | | | | |
| NO PATIENT FOUND | INDUSTRIAL ACC | PLANE/BUS CRASH | PERS FLO DEV | TRUCK BED | P S ALLERGIC REACTION | P S G.I. BLEED | P S TERMINAL ILL | | | | | |
| RAS/NO TREAT/NO TRANS | EXT. >20 MIN. | RECREATIONAL/SPORT ACC | PROTECT. CLOTH PAD | OTHER | P S ANAPHYLACTIC SHOCK | P S GEN. WEAKNESS | P S VERTIGO | | | | | |
| POLICE CUSTODY | FALL <20 FEET | **TRAUMA** | SAFETY GLASSES | UNKNOWN | P S ASTHMA | P S GYNECOLOGICAL | P S OTHER | | | | | |
| RENDEZVOUS | FALL >20 FEET | HEAD INJURY | SAFETY SEAT | | P S BEHAVIORAL | P S HA/HYPERTENSION | P S ANXIETY | | | | | |
| ROUND TRIP TRANS | GSW | NECK | SHLDR BELT | | P S CARDIAC ARREST | P S HYPERTHERMIA | | | | | | |
| STANDBY/SPEC. EVENT | MCA | BACK | SHLDR/LAP | | P S CARDIAC DYSRHY | P S HYPOTHERMIA | | | | | | |
| TRANSPORTED | PENETRATING TRM | CHEST | NOT USED | | P S CARDIOGENIC SHOCK | P S INGESTION/POISON | | | | | | |
| RAS/TREAT/NO TRANS | MV:DEATH SAME VEH. | ABDOMEN/PELVIS | UNKNOWN | | P S CHEST PAIN | P S INHALATION (TOXIC) | | | | | | |
| PER PD/FD | MV-EJECTION | SOFT TISSUE/BURNS | NOT AVAILABLE | | P S CHF/PE | P S N/V | | | | | | |
| MECH BRKDWN | MV-HEAD-ON | DISLOC/FX/AMP | | | P S CHILDBIRTH | P S OBSTETRICAL | | | | | | |
| PT. REFUSES EVAL. | MV-ROLL-OVER | CARDIAC ARREST-TRAUMA | | | P S COPD | P S RESP. ARREST | | | | | | |
| | MVA-OTHER | MULTI-SYSTEM TRAUMA | | | P S CVA/TIA | P S RESP. DISTRESS | | | | | | |

(fig 18)

(1) Response Outcome - Mark the outcome of the dispatched response.

(2) Mechanism of Injury - One entry. Mark the best mechanism of injury for the patient.

(3) Trauma - One entry. For trauma patients, mark the area of injury. If more than one area of injury, mark "multi-systems trauma".

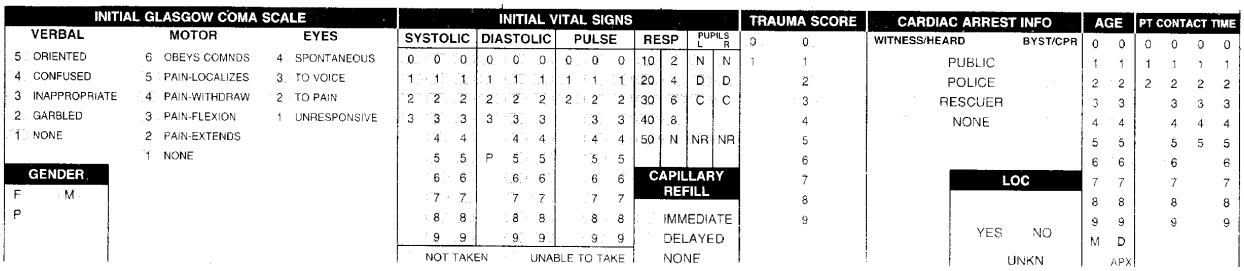
(4) Safety Devices - May have multiple entries if applicable. Mark all safety devices the patient was using at the time of the accident.

(5) Patient Location - For the trauma patient in an MVA, mark the patient's location in the vehicle.

(6) Suspected Medical Illness - One entry for primary illness and one entry for secondary illness. Mark the primary and secondary illness as best determined by the prehospital personnel. The primary illness is the complaint found on the primary survey and the secondary illness is the complaint found on the secondary survey.

| Subject | Prehospital Care Report | Policy Number 811 |
|---|---|---|

c. Section 3 (Fig. 19)




(fig 19)

(1) Initial Glascow Coma Scale - Enter the patient's initial Glascow Coma Scale.

(2) Gender - Mark the patient's gender. Mark "P" if the patient is pregnant.

(3) Initial Vital Signs - Enter the patient's initial vital signs. If not taken or unable to take, mark the appropriate bubble.
Respirations - if none mark "N"
Pupils – "N" = Normal
"D" = Dilated
"C"= Constricted
"NR" = Non-reactive

(4) Capillary Refill - Mark the patient's appropriate capillary refill.

(5) Trauma Score - For all trauma patients, enter the patient's initial trauma score.

(6) Cardiac Arrest Information - For cardiac arrest patients, mark who witnessed/heard the arrest, and who performed bystander CPR. Mark "none" if not performed.

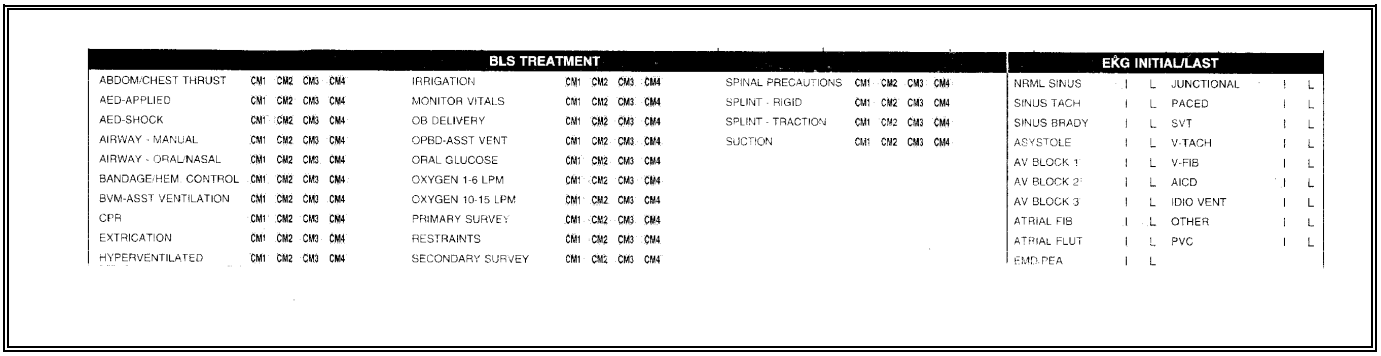
(7) LOC - Enter if the patient had LOC. Mark "unknown" if appropriate.

(8) Age - Enter the patient's age. If the patient is a child less than 1 year of age, mark "M" for months or "D" for days. If the exact age is unknown and the age is an approximate age, mark "APX".

(9) Patient Contact Time - Enter the time the first prehospital personnel arrived at the patient's side.

| Subject | Prehospital Care Report | Policy Number 811 |
|---|---|---|

d. Section 4 (Fig. 20)



**BLS TREATMENT**

| | | | |
|---|---|---|---|
| ABDOM/CHEST THRUST CM1 CM2 CM3 CM4 | IRRIGATION CM1 CM2 CM3 CM4 | SPINAL PRECAUTIONS CM1 CM2 CM3 CM4 | |
| AED-APPLIED CM1 CM2 CM3 CM4 | MONITOR VITALS CM1 CM2 CM3 CM4 | SPLINT - RIGID CM1 CM2 CM3 CM4 | |
| AED-SHOCK CM1 CM2 CM3 CM4 | OB DELIVERY CM1 CM2 CM3 CM4 | SPLINT - TRACTION CM1 CM2 CM3 CM4 | |
| AIRWAY - MANUAL CM1 CM2 CM3 CM4 | OPBD-ASST VENT CM1 CM2 CM3 CM4 | SUCTION CM1 CM2 CM3 CM4 | |
| AIRWAY - ORAL/NASAL CM1 CM2 CM3 CM4 | ORAL GLUCOSE CM1 CM2 CM3 CM4 | | |
| BANDAGE/HEM CONTROL CM1 CM2 CM3 CM4 | OXYGEN 1-6 LPM CM1 CM2 CM3 CM4 | | |
| BVM-ASST VENTILATION CM1 CM2 CM3 CM4 | OXYGEN 10-15 LPM CM1 CM2 CM3 CM4 | | |
| CPR CM1 CM2 CM3 CM4 | PRIMARY SURVEY CM1 CM2 CM3 CM4 | | |
| EXTRICATION CM1 CM2 CM3 CM4 | RESTRAINTS CM1 CM2 CM3 CM4 | | |
| HYPERVENTILATED CM1 CM2 CM3 CM4 | SECONDARY SURVEY CM1 CM2 CM3 CM4 | | |

**EKG INITIAL/LAST**

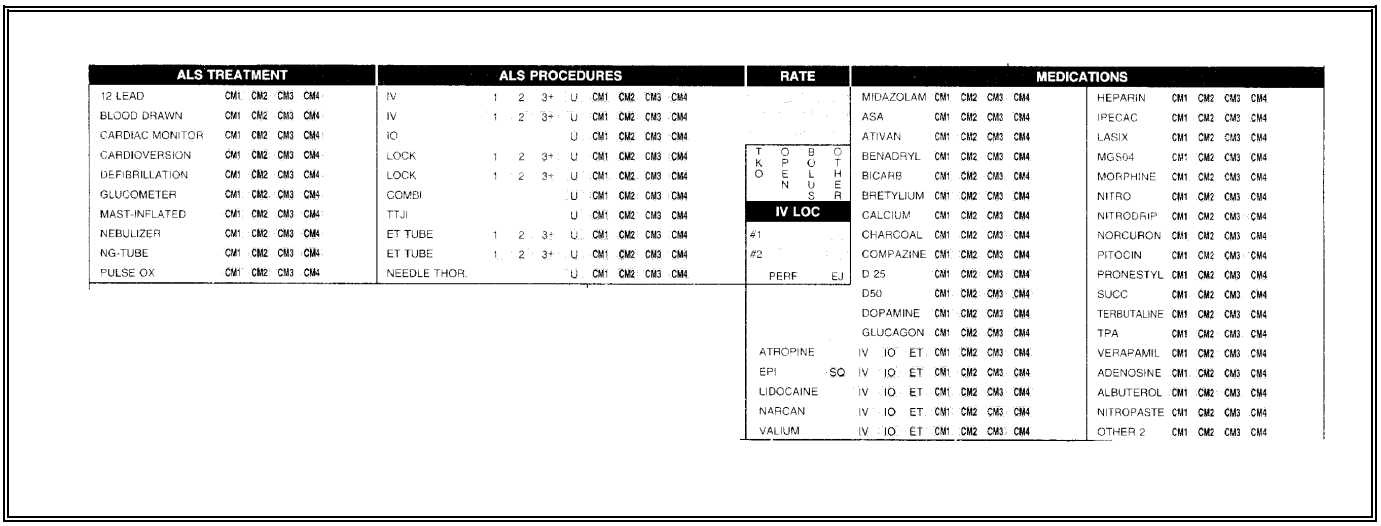
| | | | |
|---|---|---|---|
| NRML SINUS I L | JUNCTIONAL I L | | |
| SINUS TACH I L | PACED I L | | |
| SINUS BRADY I L | SVT I L | | |
| ASYSTOLE I L | V-TACH I L | | |
| AV BLOCK 1 I L | V-FIB I L | | |
| AV BLOCK 2 I L | AICD I L | | |
| AV BLOCK 3 I L | IDIO VENT I L | | |
| ATRIAL FIB I L | OTHER I L | | |
| ATRIAL FLUT I L | PVC I L | | |
| EMD/PEA I L | | | |

(fig 20)

(1) BLS Treatment - May have multiple entries. Mark all BLS treatment given to the patient. Enter the appropriate crew member who administered the treatment.

(2) EKG Initial/Last - Mark the patient's initial (I) and last (L) EKG rhythm. If PVCs are present, mark "PVC" under the "L" column.

e. Section 5 (fig 21)



**ALS TREATMENT**

| | | | |
|---|---|---|---|
| 12 LEAD CM1 CM2 CM3 CM4 | | | |
| BLOOD DRAWN CM1 CM2 CM3 CM4 | | | |
| CARDIAC MONITOR CM1 CM2 CM3 CM4 | | | |
| CARDIOVERSION CM1 CM2 CM3 CM4 | | | |
| DEFIBRILLATION CM1 CM2 CM3 CM4 | | | |
| GLUCOMETER CM1 CM2 CM3 CM4 | | | |
| MAST-INFLATED CM1 CM2 CM3 CM4 | | | |
| NEBULIZER CM1 CM2 CM3 CM4 | | | |
| NG-TUBE CM1 CM2 CM3 CM4 | | | |
| PULSE OX CM1 CM2 CM3 CM4 | | | |

**ALS PROCEDURES**

| | | | |
|---|---|---|---|
| IV 1 2 3+ U CM1 CM2 CM3 CM4 | | | |
| IV 1 2 3+ U CM1 CM2 CM3 CM4 | | | |
| IO U CM1 CM2 CM3 CM4 | | | |
| LOCK 1 2 3+ U CM1 CM2 CM3 CM4 | | | |
| LOCK 1 2 3+ U CM1 CM2 CM3 CM4 | | | |
| COMBI U CM1 CM2 CM3 CM4 | | | |
| TTJI U CM1 CM2 CM3 CM4 | | | |
| ET TUBE 1 2 3+ U CM1 CM2 CM3 CM4 | | | |
| ET TUBE 1 2 3+ U CM1 CM2 CM3 CM4 | | | |
| NEEDLE THOR. U CM1 CM2 CM3 CM4 | | | |

**RATE**

| TKO | OPEN | BOLUS | OTHER |
|---|---|---|---|

**IV LOC**

| | |
|---|---|
| #1 | |
| #2 | |
| PERF | EJ |

| | | | |
|---|---|---|---|
| ATROPINE IV IO ET CM1 CM2 CM3 CM4 | | | |
| EPI SQ IV IO ET CM1 CM2 CM3 CM4 | | | |
| LIDOCAINE IV IO ET CM1 CM2 CM3 CM4 | | | |
| NARCAN IV IO ET CM1 CM2 CM3 CM4 | | | |
| VALIUM IV IO ET CM1 CM2 CM3 CM4 | | | |

**MEDICATIONS**

| | | |
|---|---|---|
| MIDAZOLAM CM1 CM2 CM3 CM4 | HEPARIN CM1 CM2 CM3 CM4 | |
| ASA CM1 CM2 CM3 CM4 | IPECAC CM1 CM2 CM3 CM4 | |
| ATIVAN CM1 CM2 CM3 CM4 | LASIX CM1 CM2 CM3 CM4 | |
| BENADRYL CM1 CM2 CM3 CM4 | MGS04 CM1 CM2 CM3 CM4 | |
| BICARB CM1 CM2 CM3 CM4 | MORPHINE CM1 CM2 CM3 CM4 | |
| BRETYLIUM CM1 CM2 CM3 CM4 | NITRO CM1 CM2 CM3 CM4 | |
| CALCIUM CM1 CM2 CM3 CM4 | NITRODRIP CM1 CM2 CM3 CM4 | |
| CHARCOAL CM1 CM2 CM3 CM4 | NORCURON CM1 CM2 CM3 CM4 | |
| COMPAZINE CM1 CM2 CM3 CM4 | PITOCIN CM1 CM2 CM3 CM4 | |
| D 25 CM1 CM2 CM3 CM4 | PRONESTYL CM1 CM2 CM3 CM4 | |
| D50 CM1 CM2 CM3 CM4 | SUCC CM1 CM2 CM3 CM4 | |
| DOPAMINE CM1 CM2 CM3 CM4 | TERBUTALINE CM1 CM2 CM3 CM4 | |
| GLUCAGON CM1 CM2 CM3 CM4 | TPA CM1 CM2 CM3 CM4 | |
| | VERAPAMIL CM1 CM2 CM3 CM4 | |
| | ADENOSINE CM1 CM2 CM3 CM4 | |
| | ALBUTEROL CM1 CM2 CM3 CM4 | |
| | NITROPASTE CM1 CM2 CM3 CM4 | |
| | OTHER 2 CM1 CM2 CM3 CM4 | |

(fig 21)

(1) ALS Treatment - May have multiple entries. Mark all ALS treatment given to the patient. Mark the appropriate crew member who administered the treatment.

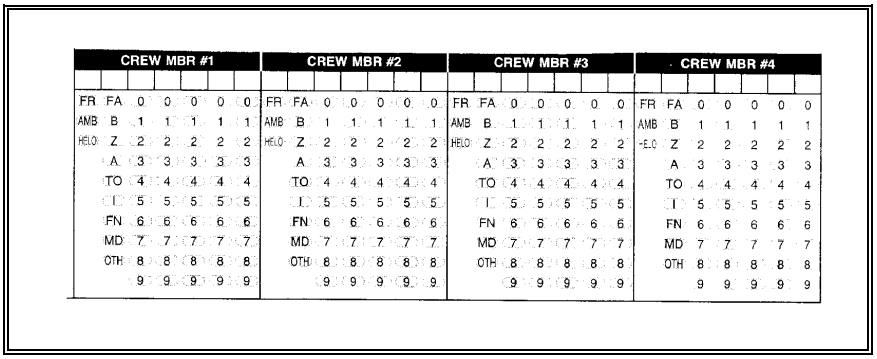
(2) ALS Procedures - May have multiple entries. Mark all ALS procedures given to the patient. Mark the appropriate crew member who administered the procedures. The numbers following IV, ET, etc. indicate the number of attempts. Mark the appropriate number for the number of attempts on the patient. Also mark "U" if unsuccessful.

(3) Rate - Mark the rate of each IV/IO.

(4) IV Location - Mark whether the IV was a peripheral IV or an external jugular.

(5) Medications - May have multiple entries. Mark all the medications given to the patient. Mark the appropriate crew member who administered the medications. Also mark the route of administration, if applicable.

f. Section 6 (Fig. 22)



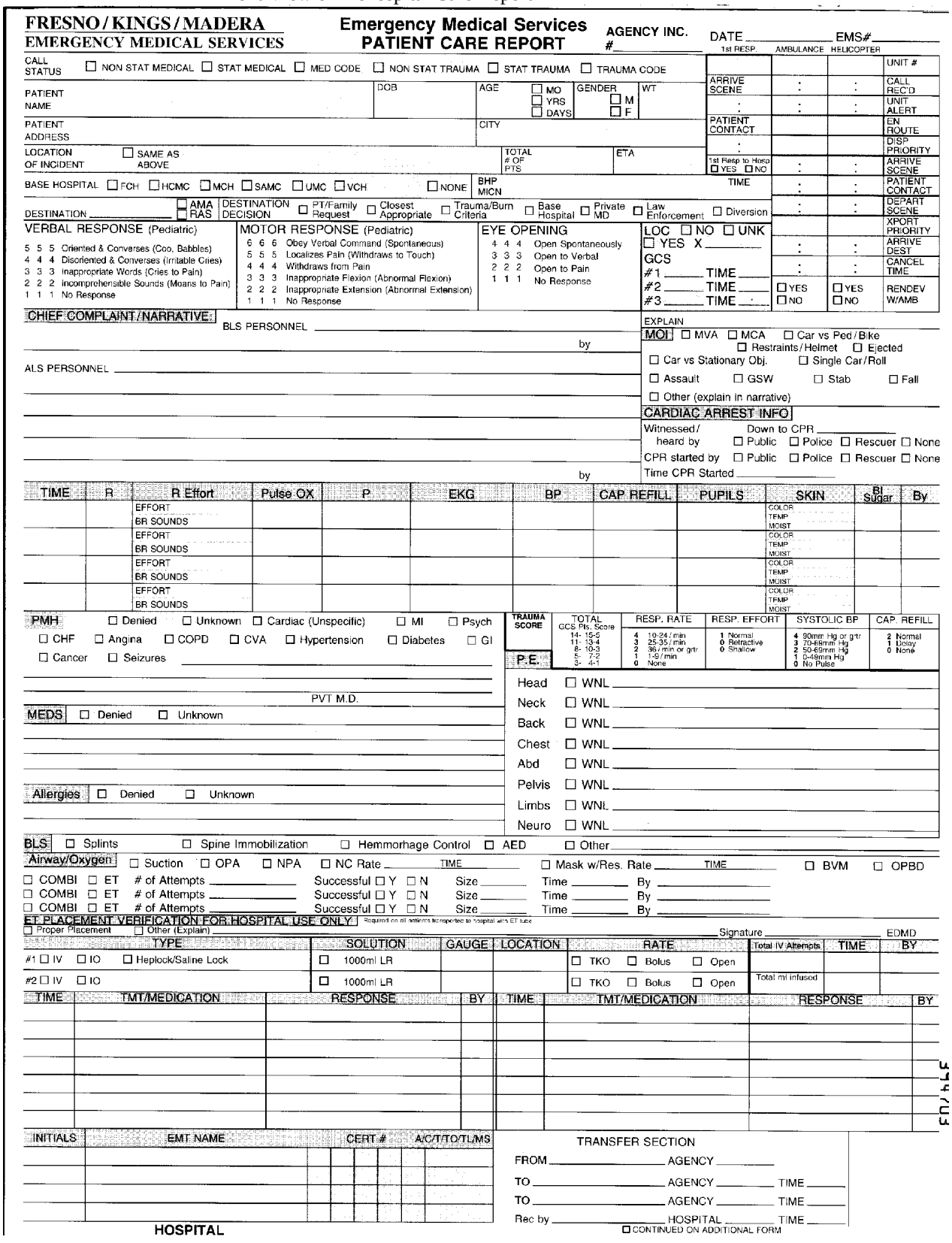

(fig 22)

(1) Crew Members - Enter all crew members on scene. Crew member #1 = the team leader. If multiple members on scene BLS/ALS, enter the ALS crew members.

"FR" - First Responder
"AMB" - Transport Unit
"HELO" - Air Transport Unit
"FA" - First Aid
"B" - EMT-I
"Z" - EMT-D
"A" - EMT-P
"TO" - Training Officer
"I" - Intern
"FN" - Flight Nurse
"MD" - Medical Doctor
“OTH” - Other

| Subject | Prehospital Care Report | Policy Number 811 |
|---|---|---|

Front View of Prehospital Care Report



**FRESNO/KINGS/MADERA EMERGENCY MEDICAL SERVICES**

**Emergency Medical Services PATIENT CARE REPORT**

AGENCY INC. # _____ DATE _____ EMS# _____

CALL STATUS ☐ NON STAT MEDICAL ☐ STAT MEDICAL ☐ MED CODE ☐ NON STAT TRAUMA ☐ STAT TRAUMA ☐ TRAUMA CODE

| | 1st RESP. | AMBULANCE | HELICOPTER | |
|---|---|---|---|---|
| | | | | UNIT # |
| ARRIVE SCENE | : | : | : | CALL RECD |
| | : | : | : | UNIT ALERT |
| PATIENT CONTACT | | | | EN ROUTE |
| | : | | | DISP PRIORITY |
| 1st Resp to Hosp ☐ YES ☐ NO | : | : | : | ARRIVE SCENE |
| TIME | : | : | : | PATIENT CONTACT |
| | : | : | : | DEPART SCENE |
| | | | | XPORT PRIORITY |
| | : | : | : | ARRIVE DEST |
| | : | : | : | CANCEL TIME |
| | ☐ YES ☐ NO | ☐ YES ☐ NO | | RENDEV W/AMB |

PATIENT NAME | DOB | AGE ☐ MO ☐ YRS ☐ DAYS | GENDER ☐ M ☐ F | WT

PATIENT ADDRESS | CITY

LOCATION OF INCIDENT ☐ SAME AS ABOVE | TOTAL # OF PTS | ETA

BASE HOSPITAL ☐ FCH ☐ HCMC ☐ MCH ☐ SAMC ☐ UMC ☐ VCH ☐ NONE | BHP MICN

DESTINATION _____ ☐ AMA ☐ RAS | DESTINATION DECISION ☐ PT/Family Request ☐ Closest Appropriate ☐ Trauma/Burn Criteria ☐ Base Hospital ☐ Private MD ☐ Law Enforcement ☐ Diversion

**VERBAL RESPONSE (Pediatric)**
5 5 5 Oriented & Converses (Coo, Babbles)
4 4 4 Disoriented & Converses (Irritable Cries)
3 3 3 Inappropriate Words (Cries to Pain)
2 2 2 Incomprehensible Sounds (Moans to Pain)
1 1 1 No Response

**MOTOR RESPONSE (Pediatric)**
6 6 6 Obey Verbal Command (Spontaneous)
5 5 5 Localizes Pain (Withdraws to Touch)
4 4 4 Withdraws from Pain
3 3 3 Inappropriate Flexion (Abnormal Flexion)
2 2 2 Inappropriate Extension (Abnormal Extension)
1 1 1 No Response

**EYE OPENING**
4 4 4 Open Spontaneously
3 3 3 Open to Verbal
2 2 2 Open to Pain
1 1 1 No Response

LOC ☐ NO ☐ UNK ☐ YES X _____
GCS
#1 _____ TIME _____
#2 _____ TIME _____
#3 _____ TIME _____

**CHIEF COMPLAINT/NARRATIVE:**

BLS PERSONNEL _____ by _____

ALS PERSONNEL _____ by _____

EXPLAIN
MOI ☐ MVA ☐ MCA ☐ Car vs Ped/Bike ☐ Restraints/Helmet ☐ Ejected ☐ Car vs Stationary Obj. ☐ Single Car/Roll ☐ Assault ☐ GSW ☐ Stab ☐ Fall ☐ Other (explain in narrative)

**CARDIAC ARREST INFO**
Witnessed/ heard by ☐ Public ☐ Police ☐ Rescuer ☐ None
Down to CPR _____
CPR started by ☐ Public ☐ Police ☐ Rescuer ☐ None
Time CPR Started _____

| TIME | R | R Effort | Pulse OX | P | EKG | BP | CAP REFILL | PUPILS | SKIN | BI Sugar | By |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | EFFORT / BR SOUNDS | | | | | | | COLOR / TEMP / MOIST | | |
| | | EFFORT / BR SOUNDS | | | | | | | COLOR / TEMP / MOIST | | |
| | | EFFORT / BR SOUNDS | | | | | | | COLOR / TEMP / MOIST | | |
| | | EFFORT / BR SOUNDS | | | | | | | COLOR / TEMP / MOIST | | |

PMH ☐ Denied ☐ Unknown ☐ Cardiac (Unspecific) ☐ MI ☐ Psych ☐ CHF ☐ Angina ☐ COPD ☐ CVA ☐ Hypertension ☐ Diabetes ☐ GI ☐ Cancer ☐ Seizures _____

PVT M.D.

MEDS ☐ Denied ☐ Unknown

Allergies ☐ Denied ☐ Unknown

| TRAUMA SCORE | TOTAL GCS Pts. Score | RESP. RATE | RESP. EFFORT | SYSTOLIC BP | CAP. REFILL |
|---|---|---|---|---|---|
| | 14- 15-5<br>11- 13-4<br>8- 10-3<br>5- 7-2<br>3- 4-1 | 4 10-24/min<br>3 25-35/min<br>2 36/min or grtr<br>1 1-9/min<br>0 None | 1 Normal<br>0 Retractive<br>0 Shallow | 4 90mm Hg or grtr<br>3 70-89mm Hg<br>2 50-69mm Hg<br>1 0-49mm Hg<br>0 No Pulse | 2 Normal<br>1 Delay<br>0 None |

**P.E.**

Head ☐ WNL _____
Neck ☐ WNL _____
Back ☐ WNL _____
Chest ☐ WNL _____
Abd ☐ WNL _____
Pelvis ☐ WNL _____
Limbs ☐ WNL _____
Neuro ☐ WNL _____

BLS ☐ Splints ☐ Spine Immobilization ☐ Hemmorhage Control ☐ AED ☐ Other _____

Airway/Oxygen ☐ Suction ☐ OPA ☐ NPA ☐ NC Rate _____ TIME _____ ☐ Mask w/Res. Rate _____ TIME _____ ☐ BVM ☐ OPBD

☐ COMBI ☐ ET # of Attempts _____ Successful ☐ Y ☐ N Size _____ Time _____ By _____
☐ COMBI ☐ ET # of Attempts _____ Successful ☐ Y ☐ N Size _____ Time _____ By _____
☐ COMBI ☐ ET # of Attempts _____ Successful ☐ Y ☐ N Size _____ Time _____ By _____

ET PLACEMENT VERIFICATION FOR HOSPITAL USE ONLY Required on all patients transported to hospital with ET tube
☐ Proper Placement ☐ Other (Explain) _____ Signature _____ EDMD

| TYPE | SOLUTION | GAUGE | LOCATION | RATE | Total IV Attempts | TIME | BY |
|---|---|---|---|---|---|---|---|
| #1 ☐ IV ☐ IO ☐ Heplock/Saline Lock | ☐ 1000ml LR | | | ☐ TKO ☐ Bolus ☐ Open | | | |
| #2 ☐ IV ☐ IO | ☐ 1000ml LR | | | ☐ TKO ☐ Bolus ☐ Open | Total ml infused | | |

| TIME | TMT/MEDICATION | RESPONSE | BY | TIME | TMT/MEDICATION | RESPONSE | BY |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| INITIALS | EMT NAME | CERT # | A/C/T/TO/TL/MS |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

HOSPITAL

TRANSFER SECTION
FROM _____ AGENCY _____
TO _____ AGENCY _____ TIME _____
TO _____ AGENCY _____ TIME _____
Rec by _____ HOSPITAL _____ TIME _____
☐ CONTINUED ON ADDITIONAL FORM

374/03

| Subject | Prehospital Care Report | Policy Number 811 |
|---|---|---|

FRESNO/KINGS/MADERA EMS

PATIENT OUTCOME REPORT

CAUSE OF ARREST: (Check main cause from Coroner's report or hospital records.)

| | | | |
|---|---|---|---|
| N | Central Nervous System | C | Cancer or Other Terminal Disease |
| U | Ingestion/Poisoning | T | Trauma |
| D | Drowning | M | Coronary/MI |
| R | Respiratory System | V | Cardiovascular (aneurysm, etc.) |
| O | Other_____ | | |

EMERGENCY DEPARTMENT DISPOSITION:

| | | | | | |
|---|---|---|---|---|---|
| E | D.I.E./D.O.A. | A | Admitted | D | Discharged |
| T | Transferred to:_____ | | | | |

IF ADMITTED, HOSPITAL DISPOSITION:

| | | | |
|---|---|---|---|
| E | Death | D | Discharged |
| T | Transferred to:_____ | | |

IF DISCHARGED/TRANSFERRED, POST ARREST STATUS:

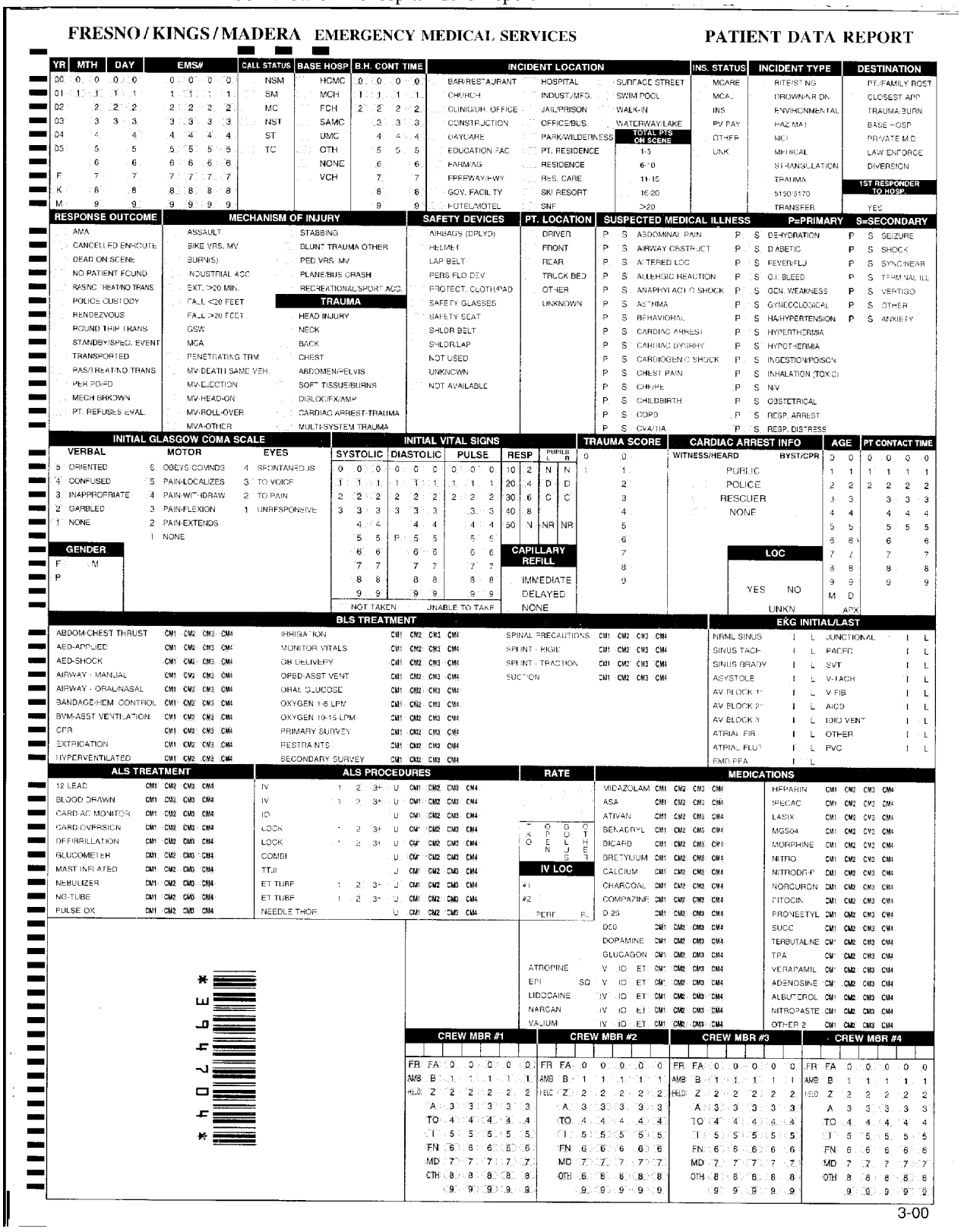
| | | | |
|---|---|---|---|
| C | CNS-Prearrest | M | Mild-Moderate CNS Impairment (impairment |
| S | Severe CNS Impairment (unable to provide for basic human needs) | | consciousness, motor or sensory functions) |

PLEASE RETURN TO:

EMS Division - Data Collection
Fresno County Department of Health
P. O. Box 11867
Fresno, CA 93775

| Subject | Prehospital Care Report | Policy Number 811 |
|---|---|---|

Back View of Prehospital Care Report



FRESNO / KINGS / MADERA EMERGENCY MEDICAL SERVICES

PATIENT DATA REPORT

YR | MTH | DAY | EMS# | CALL STATUS | BASE HOSP | B.H. CONT TIME

INCIDENT LOCATION: BAR/RESTAURANT, CHURCH, CLINIC/DR. OFFICE, CONSTRUCTION, DAYCARE, EDUCATION FAC, FARM/AG, FREEWAY/HWY, GOV. FACILITY, HOTEL/MOTEL, HOSPITAL, INDUST./MFG., JAIL/PRISON, OFFICE/BUS., PARK/WILDERNESS, PT. RESIDENCE, RESIDENCE, RES. CARE, SKI RESORT, SNF, SURFACE STREET, SWIM POOL, WALK-IN, WATERWAY/LAKE

TOTAL PTS ON SCENE: 1-5, 6-10, 11-15, 16-20, >20

INS. STATUS: MCARE, MCAL, INS, PV PAY, OTHER, UNK

INCIDENT TYPE: RTE/ST NG, DROWN/AR DN, ENVIRONMENTAL, HAZ MAT, MCI, MEDICAL, ST-RAN/SULATION, TRAUMA, 5150/5170 TRANSFER

DESTINATION: PT./FAMILY REQST, CLOSEST APP, TRAUMA/BURN, BASE HOSP, PRIVATE M.D., LAW ENFORCE, DIVERSION

1ST RESPONDER TO HOSP.: YES

RESPONSE OUTCOME: AMA, CANCELLED ENROUTE, DEAD ON SCENE, NO PATIENT FOUND, RASNC TREAT/NO TRANS, POLICE CUSTODY, RENDEZVOUS, ROUND TRIP TRANS, STANDBY/SPEC. EVENT, TRANSPORTED, PAS/TREAT/NO TRANS, PER PD/FD, MECH BRKDWN, PT. REFUSES EVAL.

MECHANISM OF INJURY: ASSAULT, BIKE VRS. MV, BURN(S), INDUSTRIAL ACC, EXT. >20 MIN., FALL <20 FEET, FALL >20 FEET, GSW, MCA, PENETRATING TRM, MV-DEATH SAME VEH., MV-EJECTION, MV-HEAD-ON, MV-ROLL-OVER, MVA-OTHER, STABBING, BLUNT TRAUMA OTHER, PED VRS. MV, PLANE/BUS CRASH, RECREATIONAL/SPORT ACC.

TRAUMA: HEAD INJURY, NECK, BACK, CHEST, ABDOMEN/PELVIS, SOFT TISSUE/BURNS, DISLOC/FX/AMP, CARDIAC ARREST-TRAUMA, MULTI-SYSTEM TRAUMA

SAFETY DEVICES: AIRBAGS (DPLYD), HELMET, LAP BELT, PERS FLO DEV, PROTECT. CLOTH/PAD, SAFETY GLASSES, SAFETY SEAT, SHLDR BELT, SHLDR/LAP, NOT USED, UNKNOWN, NOT AVAILABLE

PT. LOCATION: DRIVER, FRONT, REAR, TRUCK BED, OTHER, UNKNOWN

SUSPECTED MEDICAL ILLNESS (P=PRIMARY S=SECONDARY): ABDOMINAL PAIN, AIRWAY OBSTRUCT, ALTERED LOC, ALLERGIC REACTION, ANAPHYLACTIC SHOCK, ASTHMA, BEHAVIORAL, CARDIAC ARREST, CARDIAC DYSRHY, CARDIOGENIC SHOCK, CHEST PAIN, CHF/PE, CHILDBIRTH, COPD, CVA/TIA, DEHYDRATION, DIABETIC, FEVER/FLU, GI BLEED, GEN. WEAKNESS, GYNECOLOGICAL, HA/HYPERTENSION, HYPERTHERMIA, HYPOTHERMIA, INGESTION/POISON, INHALATION (TOXIC), N/V, OBSTETRICAL, RESP. ARREST, RESP. DISTRESS, SEIZURE, SHOCK, SYNCONEAR, TERMINAL ILL, VERTIGO, OTHER, ANXIETY

INITIAL GLASGOW COMA SCALE

VERBAL: 5 ORIENTED, 4 CONFUSED, 3 INAPPROPRIATE, 2 GARBLED, 1 NONE

MOTOR: 6 OBEYS COMNDS, 5 PAIN-LOCALIZES, 4 PAIN-WITHDRAW, 3 PAIN-FLEXION, 2 PAIN-EXTENDS, 1 NONE

EYES: 4 SPONTANEOUS, 3 TO VOICE, 2 TO PAIN, 1 UNRESPONSIVE

GENDER: F, M, P

INITIAL VITAL SIGNS: SYSTOLIC | DIASTOLIC | PULSE | RESP | PUPILS L R

CAPILLARY REFILL: IMMEDIATE, DELAYED, NONE

TRAUMA SCORE

CARDIAC ARREST INFO: WITNESS/HEARD, BYST/CPR; PUBLIC, POLICE, RESCUER, NONE

LOC: YES, NO, UNKN

AGE | PT CONTACT TIME

BLS TREATMENT: ABDOM/CHEST THRUST, AED-APPLIED, AED-SHOCK, AIRWAY - MANUAL, AIRWAY - ORAL/NASAL, BANDAGE/HEM. CONTROL, BVM-ASST. VENTILATION, CPR, EXTRICATION, HYPERVENTILATED, IRRIGATION, MONITOR VITALS, OB DELIVERY, OPED-ASST VENT, ORAL GLUCOSE, OXYGEN 1-6 LPM, OXYGEN 10-15 LPM, PRIMARY SURVEY, RESTRAINTS, SECONDARY SURVEY, SPINAL PRECAUTIONS, SPLINT - RIGID, SPLINT - TRACTION, SUCTION

EKG INITIAL/LAST: NRML SINUS, SINUS TACH, SINUS BRADY, ASYSTOLE, AV BLOCK 1°, AV BLOCK 2°, AV BLOCK 3°, ATRIAL FIB, ATRIAL FLUT, EMD PEA, JUNCTIONAL, PACED, SVT, V-TACH, V-FIB, AIOD, IDIO VENT, OTHER, PVC

ALS TREATMENT: 12 LEAD, BLOOD DRAWN, CARDIAC MONITOR, CARDIOVERSION, DEFIBRILLATION, GLUCOMETER, MAST INFLATED, NEBULIZER, NG-TUBE, PULSE OX

ALS PROCEDURES: IV, IO, LOCK, COMBI, TTJI, ET TUBE, NEEDLE THOR.

RATE: KVO, OPEN, DOLUS, OTHER

IV LOC: #1, #2, PERF, E.

MEDICATIONS: MIDAZOLAM, ASA, ATIVAN, BENADRYL, BICARB, BRETYLIUM, CALCIUM, CHARCOAL, COMPAZINE, D 25, D50, DOPAMINE, GLUCAGON, ATROPINE, EPI SQ, LIDOCAINE, NARCAN, VALIUM, HEPARIN, IPECAC, LASIX, MGSO4, MORPHINE, NITRO, NITRODRIP, NORCURON, PITOCIN, PRONESTYL, SUCC, TERBUTALINE, TPA, VERAPAMIL, ADENOSINE, ALBUTEROL, NITROPASTE, OTHER 2

CREW MBR #1 | CREW MBR #2 | CREW MBR #3 | CREW MBR #4

FR, FA, AMB, B, HELO, Z, A, TO, CT, FN, MD, OTH

3-00